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ADDING ALTERNATE PHYSICIANS FORM
FOR PHYSICIAN'S ASSISTANTS
(Note: Original Signatures Required)

Primary Sponsoring Physician's Name

Signature

License No.

Practice Address:

PA Name:

First

Middle

Last

License No.

Please add the following physicians as alternate supervising physicians for the Physician's Assistant listed above:

Alternate Physician's Name	License No.	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Please keep a copy for your records and provide a copy to the PA.